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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number			
	Filing Date			
	First Named Inventor	Jean-Pei Cherng		
	Title	Method and Apparatus for.		
	Art Unit			
	Examiner Name			
	Attorney Docket Number	TPIPO26/WO US		

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Assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Signature	from the ch	-7.		Date 4-29	-05
Name	Gean-Pei Cherng	<u> </u>	·	Telephone	
Title and Company	1 · · · · · · · · · · · · · · · · · · ·		·		
NOTE: Signatures of all the inventors or exsignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one alguature is required, see below.					
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Filing Date	
First Named Inventor	Jean-Pei Cherng
Title	Method and Apparatus for.
Art Unit	
Examiner Name	
Attorney Docket Number	TPTP026/WO US

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Assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
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Name	Michael Cima		Telephone	
Title and Company				
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First Named Inventor	Jean-Pei Cherng
Title	Method and Apparatus for.
Art Unit	
Examiner Name	
Attorney Docket Number	TPIP026/WO US

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Signature Name	1 Joseph	asto		Date	4/28/05
 	Javier Gonzalez-Zuga			elephone	
Title and Company PRINCIPAL ENGINEER, TRANSFORM PHARMACEUTICALS					
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Individual Name

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is analosed. (Form PTC/SB/96)

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Nathan Kane

Engineer III.

City

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Signature

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Application Number Filing Date POWER OF ATTORNEY First Named Inventor Jean-Pei Cherng and Mathod and Apparatus for. **CORRESPONDENCE ADDRESS** Art Unit INDICATION FORM Attorney Docket Number TPIPO26/WO US I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint: 27777 X Practitioners associated with the Customer Number: Practitioner(s) named below: Name Repistration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: X The address associated with the above-mentioned Customer Number: The address associated with Customer Number:

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Application Number Filing Date POWER OF ATTORNEY First Named Inventor Jean-Pei Cherng and Title Method and Apparatus for. CORRESPONDENCE ADDRESS Art Unit INDICATION FORM Examiner Name Attorney Docket Number TPIP026/WO US I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint: X Practitioners associated with the Customer Number: 27777 Practitioner(s) named below: Name Registration Number as my/our attermey(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: X The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number. Firm or Individual Name Address City Country Telephone Email I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFP(3.73(b) is enclosed. (Form PTO/SB/96) RGNATURE of Applicant or Assignee of Record Signature Date Name Anthony Lemmo Telephone Title and Company NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more trian one

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Filing Date	
First Named Inventor	Jean-Pei Cherng
Title	Method and Apparatus for.
Art Unit	
Examiner Name	
Attorney Docket Number	TPIPO26/WO US

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Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
SIGNATURE of Applicant or Assignee of Record				
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Application Number Filing Date **POWER OF ATTORNEY** First Named Inventor Jean-Pei Cherng and Title Method and Apparatus for. CORRESPONDENCE ADDRESS Art Unit INDICATION FORM Examinor Name Attorney Docket Number TPIPO26/WO US I heraby revoke all previous powers of attorney given in the above-identified application. hereby appoint: X Practitioners associated with the Customer Number. 27777 OR Practitioner(s) named below: Name Registration Number as my/our atterney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: X The address associated with the above-mentioned Customer Number: The address associated with Customer Number: Firm or Individual Name Address Clty State Zip Country Talephone Email am the: Applicant/Inventor. Assignce of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTC/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Date

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